

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012253

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 40

FILED APR 11 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b --	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 133 Dublin Cross		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Darrell Middle Eugene Last Trigg		4. DATE OF DEATH Month April Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 9 1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fry Cook		10b. KIND OF BUSINESS OR INDUSTRY Commercial	11. BIRTHPLACE (City and state or country) Crocker Missouri
13a. FATHER'S NAME Carl W. Trigg		13b. MOTHER'S MAIDEN NAME Maybell Lucille Griffin	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Maybell L Brewer K C Missouri
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Injuries			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) auto accident DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victims car went out of control and	
20c. TIME OF INJURY Hour 5:15 p.m. Month, Day, Year 4-4-62	crashed into a tree killing victim instantly		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Crocker Missouri	STATE
21. I attended the deceased from 5:15 P to 4/4/1962 and test saw him Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clarence Shrocks		22b. ADDRESS Waynesville Missouri	
22c. DATE SIGNED 4/5/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/8/1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Crocker Missouri
24. FUNERAL DIRECTOR Moss Williams	ADDRESS Crocker Missouri	25. DATE RECD. BY LOCAL REG. 4-6-62	26. REGISTRAR'S SIGNATURE Paula E. Anderson

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Amos

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.